



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

09/26/94

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYD982736530

FACILITY NAME -> 2 JS DRY CLEANERS

MAILING ADDRESS -> 281 W MAIN ST
SMITHTOWN, NY 11787

INSTALLATION ADDRESS -> 281 W MAIN ST
SMITHTOWN, NY 11787

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: KIM, JUNG
OWNER
2 JS DRY CLEANERS
281 W MAIN ST
SMITHTOWN, NY 11787

USPO EXP (owner)

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 10-31-91
GSA No. 0246-EPA-07

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**Notification of Regulated Waste Activity**

United States Environmental Protection Agency

Date Received
(For Official Use Only)HAZARDOUS
PROGRAM**I. Installation's EPA ID Number (Mark 'X' in the appropriate box)**☒ A. First Notification ☒ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

NY D 9 8 2 7 3 6 5 3 0

II. Name of Installation (Include company and specific site name)

2 J'S DRY CLEANS

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

281 WEST MAIN STREET

Street (continued)

SMITH TOWN

City or Town

State

ZIP Code

SMITH TOWN

NY

11787-

County Code County Name

Suffolk

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

281 WEST MAIN STREET

City or Town

State

ZIP Code

SMITH TOWN

NY

11787-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

KIM

JUNG

Job Title

Phone Number (area code and number)

OWNER

516-265-1222

VI. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing

B. Street or P.O. Box

☒

281 WEST MAIN STREET

City or Town

State

ZIP Code

SMITH TOWN

NY

11787-

VII. Ownership (See Instructions)**A. Name of Installation's Legal Owner**

JUNG MIN, KIM

Street, P.O. Box, or Route Number

281 W main st

City or Town

State

ZIP Code

Smithtown NY

NY

11787-

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

Month Day Year

516-265-1222

Yes

☒

No

Call Joyce (516) 842-6311

Spoke to Margaret also / (30)

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
1. Generator (See Instructions) <input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	1. Off-Specification Used Oil Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
2. Transporter (Indicate Mode in boxes 1-5 below) <input checked="" type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify		

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxic (D000)	(List specific EPA hazardous waste number(s) for the Toxic contaminant(s))
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
1002	D007	D039			
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Name and Official Title (type or print)

Date Signed

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).



Notification of Hazardous Waste Activity

Comments

[illegible]

Installation's EPA ID Number																Approved		Date Received (yr. mo. day)				
C	N	Y	D	9	8	2	7	3	6	5	3	0	T/A	C			8	9	0	5	0	2
F														1								

ONE STOP CLEANERS

Street or P.O. Box

C
3 281 WEST MAIN ST

City or Town													State		ZIP Code			
C 4	SMITH TOWN													NY		11787		

Street or Route Number

[illegible]

City or Town															State	ZIP Code		
C																		
6																		

Name and Title (last, first, and job title)

Name and Title (last, first, and job title)										Phone Number (area code and number)												
C 2	MS	A	C	C	H	I	O	R	A	L	P	H	5	1	6	2	6	5	0	8	5	6

A. Name of Installation's Legal Owner

C	CAME AS ABOVE										DATE OF COMP. ENTER CODE
R											Sole

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
<input checked="" type="checkbox"/> 1a. Generator	<input checked="" type="checkbox"/> 1b. Less than 1,000 kg/mo.	<input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)	
<input type="checkbox"/> 2. Transporter		<input type="checkbox"/> a. Generator Marketing to Burner	
<input type="checkbox"/> 3. Treater/Storer/Disposer		<input type="checkbox"/> b. Other Marketer	
<input type="checkbox"/> 4. Underground Injection		<input type="checkbox"/> c. Burner	
<input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)		<input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification	
<input type="checkbox"/> a. Generator Marketing to Burner			
<input type="checkbox"/> b. Other Marketer			
<input type="checkbox"/> c. Burner			

VII. Waste Fuel Burning: Type of Combustion Device (enter "X" in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler ☐ B. Industrial Boiler ☐ C. Industrial Furnace

VIII. Mode of Transportation (*transporters only — enter 'X' in the appropriate box(es)*)

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☒ A. First Notification
 ☒ B. Subsequent Notification (*complete item C*)

ID — For Official Use Only													
C												T/A	C
W													1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1 F002	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
----	----	----	----	----	----

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable
(D001)

☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Carl Accardo

Name and Official Title (type or print)

Date Signed

12/28/89

BRANCH
61 JAN 18 PM 1:19
AGENCY REPORT

United States Environmental Protection Agency
Washington, DC 20460
Notification of Hazardous Waste ActivityPlease refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).**For Official Use Only**

Comments

C

C

Installation's EPA ID Number

Approved

Date Received
(yr. mo. day)

103

Suffolk

C

F

NY D982736530

T/A C
1

890502

I. Name of Installation

✓ REGIMENT LAUNDRY CORP

II. Installation Mailing Address

Street or P.O. Box

C

3

972 NICOLS ROAD

City or Town

State

ZIP Code

C

4

DEER PARK

NY

11729

III. Location of Installation

Street or Route Number

C

5

281 WEST MAIN ST

City or Town

State

ZIP Code

C

6

SMITH TOWN

NY

11787

IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

C

2

516 586 0001

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

C

R

REGIMENT LAUNDRY CORP

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)**A. Hazardous Waste Activity****B. Used Oil Fuel Activities**

- ☐ 1a. Generator ☒ 1b. Less than 1,000 kg./mo.
- ☐ 2. Transporter
- ☐ 3. Treater/Storer/Disposer
- ☐ 4. Underground Injection
- ☐ 5. Market or Burn Hazardous Waste Fuel
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner

- ☐ 6. Off-Specification Used Oil Fuel
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner
- ☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)
Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)☐ A. Utility Boiler☐ B. Industrial Boiler☐ C. Industrial Furnace**VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))**

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- ☒ A. First Notification ☐ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

ID — For Official Use Only												
C											T/A	C
W												1

X. Description of Hazardous Wastes (continued from front)

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(D001)

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(D002)

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(D003)

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(D000)

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Signature

Name and Official Title (type or print)

Date Signed

✓ Sera Candido

✓ Sera Sera Candido Mgr

✓ April 84

PERMITS ADMINISTRATION

1989 MAY -2 PM 1:51

NEW YORK, N.Y.
AGENCY, REGION II
ADMINISTRATIVE SERVICES

RCRIS: Notification View Screen 2 of 6
Data Received (MDDY): 05/28/89 Source: N/E/S : Non-Notifier Flag: Send Acknowledgment: Send Acknowledgment:
Name of Installation: ONE STOP CLEANERS
Address: 281 N Main St
City: SMITHSON
State: NY Zip: 11787
County: SUFFOLK
Installation Mailing Address
Name of Installation: ONE STOP CLEANERS
Address: 281 N Main St
City: SMITHSON
State: NY Zip: 11787
County: SUFFOLK
Installation Mailing Address
Last Name: WACHO
First Name: WACHO
Title: L
Address (M.L.D.): 0162690356 L
City: SMITHSON
State: NY Zip: 11787
Land Type:
Enter-Continue F1-Previous Screen F2-Exit
RCRIS: Notification View Screen 3 of 6
EPA ID: NYD982736230 Owner ID: Source: N
Owner Sequence Number: 1
Ownership: WACHO
Type of Owner: F
Address of Owner/Operator
Street: NOT RECEIVED
City: NOT RECEIVED
Phone: 2123321212
Current/Previous Indicators: CO Change Date (MDDY):
Enter-Continue F1-Previous Screen F2-Exit
F3-Owner Owner
F4-Prev. Owner
F5-Next

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ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

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EPA I.D. NUMBER

+
NYD982736530

INSTALLATION ADDRESS

REGIMENT LAUNDRY CORP
972 NICOLLS ROAD
DEER PARK

NY 11729

281 WEST MAIN STREET
SMITHTOWN

NY 11787

